

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008248

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** VILAR HEALTH ENTERPRISES, LLC

**Current Principal Place of Business:**

440 EAST 23 STREET  
1217  
HIALEAH, FL 33013

**New Principal Place of Business:**

440 E 23 ST  
1217  
HIALEAH, FL 33013

**Current Mailing Address:**

440 EAST 23 STREET  
1217  
HIALEAH, FL 33013

**New Mailing Address:**

440 E 23 ST  
1217  
HIALEAH, FL 33013

**FEI Number:** 41-2266491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARIAS INCOME TAX & ACCOUNTING SERVICES IN  
4693 NW 199 STREET  
MIAMI, FL 33055 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VILAR, CARLOS  
Address: 440 EAST 23 STREET, # 1217  
City-St-Zip: HIALEAH, FL 33013

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS VILAR

MGR

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date